Northern Ontario School of Medicine
École de médecine du Nord de l'Ontario

Resident Consent for Release of PGME File and In Training Assessments Form:
For internal and external transfer requests

Name: _____

Program: _____

Training Level: _____

Email: _____

In conjunction with my transfer request, I give the NOSM PGME Office consent to share my transfer application package and its contents with the NOSM PGME training program(s) and/or PGME offices and respective programs identified on this form should my application proceed for internal, provincial or national transfer consideration. I understand that the following information will be provided as part of the transfer application package submitted to programs/schools identified on this form:

- All ITERs
- Summary of Training Dates (which includes leaves from the program)
- If applicable, summary from the PGME Office regarding any remediation and outcomes. If there are ongoing investigations / appeals in progress, the other school will be notified.

Transfer Request #1

Name of School	
Name of Program (s)	
Training Site (*internal requests*)	

Transfer Request #2

Name of School	
Name of Program (s)	
Training Site (*internal requests*)	

Transfer Request #3

Name of School	
Name of Program (s)	
Training Site (*internal requests*)	

Transfer Request #4

Name of School	
Name of Program (s)	
Training Site (*internal requests*)	

I understand that these documents are required in order that my application for transfer can be reviewed by the program. These documents will be provided to the program(s) to which I am applying.

_____ _____

Resident signature Date

Please return consent form to: PGME Office at postgrad@nosm.ca attention PGME Office Manager